

**ORDER TO MAINTAIN
HEALTH INSURANCE FOR
MINOR CHILD(REN)**

JD-FM-125 Rev. 4-97
C.G.S. 46b-84(d)

**STATE OF CONNECTICUT
SUPERIOR COURT**

*To be prepared by counsel or parties and submitted
to the court for verification and certification.*



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DISTRIBUTION: ORIGINAL: Court File COPY: Custodial Parent or Custodian

NAME AND ADDRESS OF COURT		DOCKET NO.
NAME OF PLAINTIFF	NAME OF DEFENDANT	DATE OF ORDER
TYPE OF CASE <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment <input type="checkbox"/> Legal Separation <input type="checkbox"/> Support Action <input type="checkbox"/> Custody Action		
CASE STATUS <input type="checkbox"/> Pendente Lite <input type="checkbox"/> Final Judgment <input type="checkbox"/> Post-Judgment		CUSTODIAL PARENT OR CUSTODIAN (If joint custody, parent who maintains primary place of residence for child(ren))

1. The above-named ☐ plaintiff ☐ defendant is ordered to maintain the following health insurance coverage as available in the manner prescribed below for the benefit of the below-named child(ren):

TYPE OF COVERAGE	<input type="checkbox"/> MEDICAL <input type="checkbox"/> DENTAL <input type="checkbox"/> HOSPITALIZATION			
	<input type="checkbox"/> OTHER (Specify) _____			
AVAILABLE THROUGH	<input type="checkbox"/> HIS/HER EMPLOYMENT <input type="checkbox"/> HIS/HER UNION <input type="checkbox"/> OTHER AVAILABLE GROUP PLAN <input type="checkbox"/> PRIVATELY			
CHILDREN TO BE COVERED	NAMES	DATE OF BIRTH	NAMES	DATE OF BIRTH

The above-mentioned order of health insurance is subject to the following conditions, if any:

2. The above-mentioned health insurance coverage is to be effective on (date): _____

3. Said ☐ plaintiff ☐ defendant is ordered to provide certification or verification of such insurance to the: _____

☐ Support Enf. Office ☐ Fam. Services Office ☐ Dept. of Social Services ☐ Custodial Parent ☐ Custodian

on or before (date): _____

4. It is further ordered that:

- A. the signature of the custodial parent or custodian of the insured minor child(ren) shall constitute a valid authorization to the insurer for purposes of processing an insurance reimbursement payment to the provider of the medical services or to the custodial parent or custodian;
- B. neither parent shall prevent or interfere with the timely processing of any insurance reimbursement claim; and
- C. if the parent receiving an insurance reimbursement payment is not the parent who is paying the bill for the services of the medical provider, the parent receiving such insurance reimbursement payment shall promptly pay to the parent or custodian paying such bill any insurance reimbursement for such services.

BY THE COURT (Print or type name of Judge/Family Support Magistrate)		SIGNED (Judge, Family Support Magistrate, Clerk, Asst. Clerk)		DATE SIGNED
CERTIFICATION	I hereby certify that the above order is a true copy of the order requiring maintenance of health insurance for the above-named child(ren). In testimony whereof, I have hereunto set my hand and affixed the seal of said court at the above location on:			
	DATE	SIGNED (Clerk, Asst. Clerk)		

SEE IMPORTANT NOTICE TO CUSTODIAL PARENT OR CUSTODIAN ON PAGE 2

NOTICE TO THE CUSTODIAL PARENT OR GUARDIAN

Pursuant to C.G.S. § 46b-84(d), the custodial parent or custodian is responsible for providing the insurer with a certified copy of the order requiring maintenance of health insurance for a minor child as well as any subsequent modification of the order.

HEALTH INSURANCE PROVIDER INFORMATION

(Do not complete until after the court has certified the order on the reverse side.)

The information provided below is not being certified by the court and is provided for informational purposes only.

HEALTH INSURANCE PROVIDER	GROUP NUMBER	MEMBERSHIP NO.
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